VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument State of Alaska

MAY 1 1 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Ve	rification Procedure: DataMaster cdm S/N 130187
Name Dan Pasquariel	o ID# 2620 Date 5-05-09
A Agency Dillingham Pl	Phone # 842-5354
Instrument Location <u>Dil</u>	ingham PD
Alco S/N 78855 T	Target Value High Pressure 500 psi
Alco-Test Value Average	•082 .082
Signature	(OVER)

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

(1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.

(2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.

(3) I am the Scientific Director of the State Breath Alcohol Program.

(4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.

(5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the

verification.

Scientific Director

State Breath Alcohol Program

(Notary Seal Stamp)

Carolyn W. Noland

Notary Public, State of Alaska Commission Expires with Office



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Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N __130187

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.



